

224 S. Karton, Aberra Countent KS 69 725

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# **DOCKET FILE COPY ORIGINAL**

Received & Inspected

OCT 28 2013

FCC Mail Room

10/25/2013

To: Marlene H. Dortch, FCC Secretary

445 12th St. SW

Room TW-A325

Washington, DC 20554

Re: Docket No. 10-90

FCC Form 481 Filing for Columbus Telephone Company

Please find the attached FCC Form 481, which contains certain information required pursuant to 47 CFR § 54.313, for Columbus Telephone Company. Certain information included in this filing is Redacted for Public Inspection. A version with confidential information is being filed at the same time under a separate cover letter.

Thank you,

**Patricia Carroll** 

**Corporate Secretary** 

**Columbus Telephone Company** 

No. of Copies red'd 11 10 List ABCDE

	rm 481 - Carrier Annual Reporting ollection Form	per periodici di periodi di periodici di per	FEC Form 481 OMB Control I July 2013	96-3060-0986) OMB Control No. 3960-0815
<010>	Study Area Code	411756		
<015>	Study Area Name	COLUMBUS TELEPHONE		
<020>	Program Year	2014	Recei	ved & inspected
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Carroll	00	CT 28 2013
<035>	Contact Telephone Number: Number of the person identified in data line <030>	620-429-3132	FCC	Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	tcarroll@columbus-t	elephone.com	
ANNU	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached worksheet)	~ ~
<300> <310> <320> <330>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)	0	(attach descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile  Number of Complaints per 1,000 customers (broad Fixed Mobile  0.0 0.0 0.0			V V
<1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection R  411756ks510  Functionality in Emergency Situations  411756ks610  Company Price Offerings (voice)  Company Price Offerings (broadband)  Operating Companies and Affiliates  Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers	(if s	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (check to indicate certification) (attach descriptive document) not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005> <3000> <3005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Price Rate of Return Carriers, Proceed to <u>ROR Additional</u>	ce Cap Local Exchange (	Carriers (check to Indicate certification) (complete attached worksheet)	

<113><114><115><116><117><118> 18		<112>	<111>	<039>	<035>	<030>	<020>	<015>	<010>	(100) Se Data Co
Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(100) Service Quality Improvement Reporting  Data Collection Form
	Name of Attached Document (.pdf) on line ovement t the wire	progress ovision of  nt years,  1). If your company is a	02(a) "5 (yes / no ) O • (yes / no ) O •	line <030> tcarroll@columbus-telephone.com	line <030> 620-429-3132	Patricia Carroll	2014	COLUMBUS TELEPHONE	411756	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

10/14/2013

(200) Ser	(200) Service Outage Reporting (Voice)	eporting (Voi	:e)						-	C Earm 181		
Data Coll	Data Collection Form						Parameter (Control of the Control of		9	OMB Control No. 3060	OMB Control No. 3060-0986/OMB Control No. 3060-0819	Jo. 3060-0819
					Transconding				Inc	July 2013		
<010>	Study Area Code	ode				411756						
<015>	Study Area Name	ame				COLUMBUS TELEPHONE	NE					
<020>	Program Year					2014						
<030>	Contact Name	- Person USA	Contact Name - Person USAC should contact regarding this data	t regarding this	data	Patricia Carroll						
<035>	Contact Telep	hone Number	- Number of pe	rson identified	in data line <0	Contact Telephone Number - Number of person identified in data line <030> 620-429-3132				,		
<039>	Contact Email	Address - Ema	il Address of pe	rson identified	in data line <0	)30> tcarroll@colu	Contact Email Address - Email Address of person identified in data line <030> tcarroll@columbus-telephone.com	a				
<))) <sub>\</sub>	<b>X</b>	<del>}</del>	<del>}</del>	<del>}</del>	<del>}</del>	<del>}</del>	<b>,</b>			,		
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	Reference	Outage Start	Outage Start Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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State	~a15		Contact Email	Contact Telep	<ul> <li>Contact Name</li> </ul>	Program Year	<015> Study Area Name	<010> Study Area Code	) Price Offerings in Collection Form
Exchange (ILEC)	\$a2>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	Contact Email Address - Email Address of person identified in data line <030> tcarroll@columbus-telephone.com	<035> Contact Telephone Number - Number of person identified in data line <030>	<030> Contact Name - Person USAC should contact regarding this data		ame	ode	ice Offenings Including Voice Rate Data Hection Form
SAC (CETC)	<a3></a3>	tive Date rvice Charge	s of person ide	r of person ider	contact regardii				5
Rate Type	<0.0	1/1	ntified in data line	itified in data line	ng this data				
Residential Local Service Rate	<b2></b2>	1/1/2013	<030> tcarroll@col	<b>&lt;030&gt;</b> 620-429-3132	Patricia Carroll	2014	COLUMBUS TELEPHONE	411756	
State Subscriber Line Charge	<bs></bs> <bs></bs> <bs></bs> <bs></bs>       <br< th=""><th></th><th>umbus-telephone.com</th><th></th><th>rroll</th><th></th><th>ELEPHONE</th><th></th><th></th></br<>		umbus-telephone.com		rroll		ELEPHONE		
State Universal Service Fee	 b4>+			W-,					FO PO
Mandatory Extended Area Service Charge	= <\)55>								FCC Form 481 OMB Control No. 3050-0886/OMB Control No. 3050-0819 July 2013
Total per line Rates and Fees	<b>SG</b> -								8 Control No. 3060-0819

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				See att	See attached worksheet		
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10/14/2013

Page 5

<010> Study Area Code	411756
<015> Study Area Name	COLUMBUS TELEPHONE
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035> Contact Telephone Number - Number of person identified in data line <030> 620-429-3132	030> 620-429-3132
<contact -="" <030="" address="" data="" email="" identified="" in="" line="" of="" person=""> tcarroll@columbus-telephone.com</contact>	030> tcarroll@columbus-telephone.com

-										
										State
										Exchange (ILEC)
					work	Se				Residential Rate
		7.0			worksheet	See attached				State Regulated
										Total Rate and Fees
										Broadband Service - Download Speed (Mbps)
										Broadband Service - Upload Speed (Mbps)
										Usage Allowance (GB)
										Usage Allowance  Usage Allowance Action Taken When  (Mbps) (GB) Limit Reached {select}

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															Affiliates	<b>441</b> 5	Operating Company	Holding Company	Reporting Carrier Columbus Telephone Company	Contact Email Address - Email Address of person identified in data line <030> tcarroll@columbus-telephone.com	Contact Telephone Number - Number of person identified in data line <030> 620-429-3132	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	Data Collection Form	800) Operating Companies
												000				11				030> tcarroll@colum	030> 620-429-3132	Patricia Carroll	2014	COLUMBUS TELEPHONE	411756		
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<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030> 620-429-3132	<b>&lt;030&gt;</b> 620-429-3132
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> tcarroll@columbus-tclephone.com	<pre>&lt;030&gt; tcarroll@columbus-telephone.com</pre>

<910> Tribal Land(s) on which ETC Serves

# <920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribactorian community anchor institutions;

- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

				bal			
	-		4		NA)	(Yes,No,	Select

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<1130>	<1120>	<039>	<035>	<030>	<020>	<015>	<010>	(trion) No Data Coll
Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(1100) No Terrestrial Backhaul Reporting Data Collection Form
			e <030>					
		tcarroll@columbus-telephone.com	620-429-3132	Patricia Carroll	2014	COLUMBUS TELEPHONE	411756	FGC Form 481 ONB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<1223>	<1222>	<1221>		<1220>		<1210>	<039>	<035>	<030>	<020>	<015>	<010>	(1200) 1 Lifeline Data Co
Additional charges for toll calls, and rates for each such plan.	Details on the number of minutes provided as part of the plan,	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	Link to Public Website		<1210> Terms & Conditions of Voice Telephony Lifeline Plans	Contact Email Address - Email Address of person identified in data line <030>		Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
				НТТР	Name of attached document (.pdf)	411756ks1210	ne <030> tcarroll@columbus-telephone.com	ne <030> 620-429-3132	Patricia Carroll	2014	COLUMBUS TELEPHONE	411756	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

10/14/2013 Page 9

030> tcarroll@columbus-telephone.com	<039> Contact Email Address - Email Address of person identified in data line <030> tcarroll@columbus-telephone.com	١.
330> 620-429-3132	<035> Contact Telephone Number - Number of person identified in data line <030> 620-429-3132	١.
Patricia Carroll	<030> Contact Name - Person USAC should contact regarding this data	1.
2014	<020> Program Year	
COLUMBUS TELEPHONE	<015> Study Area Name	1.
411756	<010> Study Area Code	1.
lease the second of the second	including Rate-of-Return Corners offiliated with Brice Cap Local Exchange C	5
OMB Control No. 3060-0986/AMB Control No. 30	Data Collection Form	Ģ
FCC Form 481	(2000) Price Cap Carrier Additional Documentation	75

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support as support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))  Price Cap Carrier Receiving Frozen Support Certification 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification 2016 and future Frozen Support Certification 2016 and Frozen Support Certification 2017 Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient
Name of Attached Document Listing Required Information

10/14/2013

	200	250	<030>	4020>	<015>	<010>	(3000) J Data Co
College Filler Language Filler Language Ci her	Contact Email Address - Email Address of per	Contact Telephone Number - Number of par	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	Study Area Name	Study Area Code	Nate Of Estum Corder Additional Document Heather Form
avi veriniezi ilidata ilite 30502 - EGAERŌLLØCOLUMDUS-F61-Gehooncom	ORDS Control Fould Advance for non-identification and in-action and in-a	ren identified in John Con Acc 2012	regarding this data Patricia Carroll	2014	COLUMBUS TELEPHONE	411756	FECEForm AST.  CVMS CONTROLING, 3060-0886/CMJS Control No. 3060-081  JULY 2013

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § \$4.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § \$4.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	(3023) Underlying informati public accountant	Borrowers,	Copy of their financia independent certifie format comparable t	If the response is no to confirm your subr	(3021) Management letter in that performed the c	(3020) PDF of Balance Shee	(3019) Either a copy of their in a format compara	If the response is yes confirm your submis	(3017) If the response is yes on line 3014, atta report and all required documentation (3018) If the response is no on line 3014, Is yo	(3016) PDF of Balance Shee	requires:  Electronic copy of their annual R Telecommunications Borrowers)		access to broadband (3012) Community Anchor	contains the require (3011) recipient of CAF Pha addresses of commi	(3010) Milestone Certificat Please check this bo	Progress Report on 5 Year Plan
PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Underlying information subjected to an officer certification.	borrowers, Underlying information subjected to a review by an independent certified public accountant	convains:  Copy of their financial statement which has been subject to review by an  independent certified public accountant; or 2) a financial report in a  format comparable to RUS Operating Report for Telecommunications	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	Management letter issued by the independent certified public accountant that performed the company's financial audit.	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	in a format comparable to RUS Operating Report for Telecommunications	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	If the response is yes on line 30.14, attach your company's RUS annual report and all required documentation if the response is no on line 30.14, is your company audited?	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Is your company a Privately Heid ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	access to broadband service in the preceding calendar year.  Community Anchor Institutions (47 CFR § 54,313(f)(1)(j))	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing	Milestone Certification (47 CFR $\S$ 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	5 Year Plan
									Name of Attached Document Listing Required Information			seilir ol Averied Domineir raniğ vefured ilibi iliadir.	Name of Attached Document Listing Required Information		Name of Attached Document Listing Required Information	
•	•		5					!	(ves/No)			(Yes/No)		į		

0.0000000000000000000000000000000000000	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/GMB Control No. 3060-0819 : July 2013
<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person U	SAC should contact regarding this data Patricia Carroll
<035>	Contact Telephone Numb	per - Number of person identified in data line <030> 620-429-3132
<039>	Contact Email Address - E	mail Address of person identified in data line <030> tcarroll@columbus-telephone.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <a href="Relation: acroll">Patricia Carroll</a> also certify that I am an officer of the reporting carrier; my responsible agent; and, to the best of my knowledge, the reports and data provided.	is authorized to submit the information reported on behalf of the reporting carrier. ities include ensuring the accuracy of the annual data reporting requirements provided to the authorized d to the authorized agent is accurate.
Name of Authorized Agent: Patricia Carroll	
Name of Reporting Carrier: COLUMBUS TELEPHONE	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/14/2013
Printed name of Authorized Officer: Patricia Carroll	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 6204293132	
Study Area Code of Reporting Carrier: 411756	Filing Due Date for this form: 10/15/2013

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

of the reporting carrier; I have provided is accurate.
Date: 10/14/2013

Attachments

### **Columbus Telephone Company (SAC 411756)**

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules 47 CFR § 54.313(a)(5) Form 481, Line 510

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in CTC's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, CTC ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. KCC is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. CTC consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, CTC has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. CTC certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

# **Columbus Telephone Company (SAC 411756)**

Statement Regarding the Ability to Function in Emergency Situations 47 CFR § 54.313(a)(6) Form 481, Line 610

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to KCC rules regarding the ability to remain functional in emergency situations by (1) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power, (2) establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

CTC has 1 fixed generator capable of providing the required level of backup power. CTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, CTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.



## KANSAS LIFELINE SERVICE PROGRAM SELF CERTIFICATION FORM FOR ELIGIBILITY

The Kansas Lifeline Service Program (KLSP), a telephone assistance plan that provides eligible residential talephone service customers with a reduction in the price of basic local service, includes income based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health & Human Services (HHS) under authority of 42 U.S.C. 9902 (2) for KSLP eligibility, the total household income at the customer's household must be at or below 150% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KSLP criteria, set out below, are required to self-certify such eligibility and certify income eligibility by providing prior year's state of federal tax return, current benefits, retirement statement of benefits, Unemployment/Workers Compensation statement of benefit, divorce decree of child support documents for income verification. Any type of documentation other than a previous year's taxes as evidence of income the consumer must present THREE CONSECUTIVE MONTHS of statements. The present KLSP income-based eligibility criteria are as follows:

are as follows:				
SIZE UP FAMIL	LY UNIT RESIDING AT LOCATION INE ASSISTANCE IS SOUGHT	MAXIMUM ANNU	AL.	
Which ureu	NE ASSISTANCE IS SCUGHT	INCOME	_	<b>*</b> * <b>*</b>
2		\$ 17,235 <b>\$</b> 23,265	6	\$ 47,385
3		\$ 29,295	7 8	\$ 53,415
4		\$ 35,325	Each additional parson	\$ 59,445 a edd \$ 6,030
5		\$ 41,355	ceci ecolocitei peraci	<b>→ 5,030</b>
l			,state that total	household income, at
the location	for which Lifeline telephone r	ate assistance is sought, is	s at or below 150% o	of the federal poverty
guidelines.	·	•		, , , , , , , , , , , , , , , , , , , ,
I CERTIFY (	AM CURRENTLY RECEIVING	AT LEAST ONE OF THE FOL	I OWING	
		ASSISTANCE PROGRAM(SNA		
	SSI (SUPPLEMENTAL SEC		<del></del>	DUSING ASSISTANCE
	TEMPORARY ASSISTANCE			TRIBUTION PROGRAM
		H PROGRAM (FREE LUNCH)	FOOD DIS	
-		RGY ASSISTANCE PROGRAM		HIBES
Proof of partici	ipation in the above programs will be			
satisfy the crite NOTE: CUSTOR	ify the temporary address every 90 or eria for receiving Lifeline. WER IS REGUIRED TO <u>SELF-CERTIF</u> O SO WILL RESULT IN TERMINATIO	<u>Y JUNE 01</u> AND EACH JUNE 0	I THEREAFTER TO CONT	INUE RECEIVING BENIFITS
CERTIFYLAN	A CURRENTLY NOT RECEIVING LIFT knowledges that providing felse or I	ELINE SERVICES FROM ANOTHI	ER PROVIDER	
Signature o				
Olgi rasur e u	п Аррисансу	(Date Received/Reviews	<b>90</b> j	(Phone Number)
Print Full Na	ame)	(Residential Address)Pe	rm.( ) Temp.( )	(Account Number
Date of Birt	h:	l not A digits of Cost	al Sacuritud	
Billing Addre	7 In	LOSU 4 URILD UI EDCII		
	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of Socia		
AISTING BOC	ess if different from above_ umantation was provided: _		ectronicin per	BON
NOATE	ess if different from above_			Bon
	sss if different from above_ umentation was provided: _	faxmeilele		son



# REQUIRED LIFELINE SURVEY

Name	
Address	·
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only DNE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an annexipated minor (a person under age 18 who is legely considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apertment, for example) and utilities fincted water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, vetaran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

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1.	Does your spouse or domestic partner (that is, someone you are merried to or in a relationship with) siready receive a Lifeline- discounted phone? (check no if you do not have a spouse or partner)YESNO
>	If you checked YEB, you may not sign up for Lifeline because someons in your household already receives Lifeline. Only DNE Lifeline discount is allowed per household.
>	If you checked NO, please answer question #2.
2.	Other than a spouse or partner, do other adults (people over the age of 18 or amancipated minors) live with you at your address?
	A perentYESNO D. An adult roommeteYESNO
B.	An edut son or devotor VER NO 5 Other
C.	Another adult reletive (such as aYESNO sibling, sunt, cousin, grandparent, grandchild, etc.)
	If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line E, below, and sign
> 1	Yyou checked YBB, please answer question #3.
3. (	Do you share living expenses (bills, food, etc.) and share income (alther your income, the other person's income or both incomes orgether) with at least one of the adults listed above in question #27YBSNO
> N	you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and data the
CERTIFICA	you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your ousehold streedy receives Lifeline. TION
Please inth	of the contilications below and sign and date this worksheet. Submit this worksheet to COLUMBUS TELEPHONE CO by December 1.
2012. FE	dilure to return will result in loss of your Lifeline Discount!
A -	certify that   live at an address occupied by multiple households.
m	I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and by result in me losing my Lifeline banelits, and potentially, prosecution by the United States government.
Signeture_	Dete



### INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors
Columbus Communications Services, LLC
Columbus, Kansas

We have compiled the accompanying balance sheet of Columbus Communications Services, LLC (a Kansas limited liability company) as of December 31, 2012, and the related statements of income and retained earnings and eash flows for the year ended December 31, 2012 in the accompanying prescribed form, and the accompanying balance sheet of Columbus Telephone Company, Inc. (a Kansas corporation) as of December 31, 2011, and the related statements of income and retained earnings for the year ended December 31, 2011 included in the accompanying prescribed form. We have not audited or reviewed the financial statements included in the accompanying prescribed form and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the form prescribed by the Federal Communications Commission (FCC).

Management is responsible for the preparation and fair presentation of the financial statements included in the form prescribed by the FCC and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the FCC, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the FCC, Universal Service Administrative Company and the Kansas Corporation Commission and is not intended to be and should not be used by anyone other than these specified parties.

Kirly Aurents LCP

Madison, Wisconsin October 11, 2013

REDACTED - FOR PUBLIC INSPECTION

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	12 Increase/(increase) in Other Committee (increase)
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look Foreston	4000> Contact Home - Person USAC should contact regarding this data
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			<812> Operating Company
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	tcarroll@columbus-telephone.com		<039> Contact Email Address - Email Address of person identified in data line <030>
		<030> 620-429-3132	-
	11	Patricia Carroll	
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	ONE	COLUMBUS TELEPHONE	<015> Study Area Name
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FCC form 4811 DIVIB Control No. 3050-0986/DIVIB Control Not. 3050-0819 July 2013			(800) Operating Companies Data Collection Form